

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/937060		FILING DATE 15 APR 2002	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1			/				51		
2			/	/			52		
3			/	/			53		
4			/	/			54		
5			/	/			55		
6			/	/			56		
7			/	/			57		
8			/	/			58		
9			/	/			59		
10			/	/			60		
11			/	/			61		
12			/	/			62		
13			/	/			63		
14			/	/			64		
15			/	/			65		
16			/	/			66		
17			/	/			67		
18			/	/			68		
19			/	/			69		
20			/	/			70		
21			/	/			71		
22			/	/			72		
23			/	/			73		
24			/	/			74		
25			/	/			75		
26			/	/			76		
27			/	/			77		
28			/	/			78		
29			/	/			79		
30			/	/			80		
31			/	/			81		
32			/	/			82		
33			/	/			83		
34			/	/			84		
35			/	/			85		
36			/	/			86		
37			/	/			87		
38			/	/			88		
39			/	/			89		
40			/	/			90		
41			/	/			91		
42			/	/			92		
43			/	/			93		
44			/	/			94		
45			/	/			95		
46			/	/			96		
47			/	/			97		
48			/	/			98		
49			/	/			99		
50			/	/			100		
TOTAL IND.			2				TOTAL IND.		
TOTAL DEP.			15				TOTAL DEP.		
TOTAL CLAIMS			17				TOTAL CLAIMS		

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